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# Ethics within the dental community

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# Ethics within the dental community

## ABSTRACT

The word “ethics” is derived from the Greek word “ethos,” meaning habit, custom, or character.<sup>1</sup> It operates from a mindset based on moral principles and virtues of individuals with actions in alignment with these principles.<sup>2</sup> Dental ethics revolves around the extent to which actions within the dental practice promote good and reduce harm.<sup>3</sup> Harvard University business professor Bill George raises the question, “Which way is true north?” In this analogy, George says that true north is the “fixed point in a spinning wheel, which orients behavior to stay on track.” Beliefs, values, and principles are the compass that directs decisions toward true north, and utilizing mindful judgment ensures alignment.<sup>4</sup>

Within the dental profession, ethical standards result in moral virtues that enable fair, equitable, and good decisions. This course provides information to help direct dental personnel toward ethical actions and decisions. It also provides documentation on how the public views dentistry as it relates to ethics and honesty.

## EDUCATIONAL OBJECTIVES

At the conclusion of this educational activity, participants will be able to:

1. Identify what ethics is and why it is important
2. Link ethical code similarities in all of dentistry’s associations
3. Assess risks of motivated blindness
4. Describe society’s view of ethics in dentistry
5. Apply a decision-making tool to help align with true north



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## INTRODUCTION

Is it acceptable to withhold all treatment options from patients? Is it permissible to overcharge (upcode) for routine services?<sup>5</sup> Is harassing or bullying behavior overlooked, and therefore allowed in the workplace? Is it OK as a staff member to take home a box of gloves or toothbrushes occasionally? How dental personnel respond to these questions will be dependent upon the professional and personal ethics they hold.

The largest dentistry-related associations within the US (ADA, ADHA, and ADAA) all have codes of ethics.<sup>6-8</sup> These associations' ethical codes lay out the aspirational values-based goals of those who work in the dental profession. They provide a framework to follow for both decision-making and behavior. Ethics aligns with professional conduct as promoted through these associations. Respect for others' rights, serving the public, confidentiality, doing no harm, truthfulness, and fairness,<sup>7</sup> along with promoting the well-being of others, are central to the goals of the dental profession and help align actions with true north. As stated in the abstract, true north orients people to stay on track with their ethical choices. Dentists hold an additional responsibility.<sup>8</sup> Staff's role is to execute the orders of the leader; it is the dentist who is held accountable for the ethics of their staff.

## WHAT ARE ETHICS?

Ethics in organizations helps people address behavior that takes into account what the best outcome will be for the organization. Based on philosophical theory, its framework helps people to apply critical thinking to their actions.<sup>9</sup> This critical thinking enables the delivery of good decisions that elevates the organization. Ethics offers a framework to help make decisions and has a direct influence on every decision made in health care.<sup>9</sup> There are multitudes of factors that go into making informed and fair decisions. There is also input from other sources, some of it contentious. Ethical decisions seek the best possible outcomes by looking at all implications and filtering out influences that do not support the greater good.

## WHY ETHICS IS IMPORTANT

Dental professionals are influencers in

society. In a healthy society, everyone benefits from an ethical environment.<sup>10</sup> The status held by doctors and other health providers can deeply influence others in a positive way. This status comes with the responsibility to be directed by a moral compass in how professionals influence others. An ethical leader will override self-serving behavior for the good of society. A model of ethical behavior is the compass to keep members of an organization aiming for true north. Ethics offers a structure for how to behave and make holistic decisions, thus creating a community that is proactive and innovative.<sup>11</sup>

Ethics is like a cousin of the law. Although related, ethical standards can often exceed the laws, calling for a more holistic view.<sup>12</sup> In law, there is a definite line drawn as to what constitutes breaking the law, but not necessarily so with ethics. Ethics looks at morals, principles, character, and conduct. The American College of Dentists ethics handbook suggests that ethics seeks to answer two fundamental questions: 1) What should we do? and 2) Why should we do it?<sup>2</sup> The goal of ethics is to emphasize intent rather than law. For example, diagnosing incorrect treatment can be an honest mistake, but knowingly diagnosing unneeded treatment is fraud.

## MOTIVATED BLINDNESS

People may not see unethical behavior that is right in front of them, because it may not be in their best interest to see another's actions if they are benefitting from those actions. Subconsciously, people may be motivated to remain ignorant of such unethical transgressions.<sup>13</sup> This is referred to as "motivated blindness," and it is a recognized psychological pattern. The facts are clearly there, but one chooses to ignore them.

Leaders may inadvertently encourage motivated blindness by not being mindful in how they lead. They may, in fact, be playing a role in employees' bad behavior by unconsciously encouraging it. One well-documented story is about a management team for Sears Roebuck in the 1990s. The team wanted to raise the speed of repairs. Management believed that by increasing the mechanical shop fee goal to \$147 an hour, employees would refine their speed for vehicle repairs. Instead, the employees

met the objective in an unethical manner, by overcharging and fixing components that did not need repair.<sup>13</sup> The desired outcome was obtained, but in an unethical manner.

Suppose a dentist has created a goal for the staff. He states that if a target is met, he will reward them with a team holiday. When a hygienist uncharacteristically begins to influence her trusting patients to have major restorative procedures done immediately before irreparable damage occurs, the dentist may not intervene. The hygienist may communicate a sense of urgency to her patients, when in fact the procedure may not be an emergency. Numbers go up dramatically, targets are surpassed, and revenue increases. In a case like this, the dentist fails to ask himself if the need is real in the short-term, perhaps causing undue financial stress to the patient. The dentist is blind to unethical behavior because of motivated blindness and is even unknowingly encouraging it.

## SLIPPERY SLOPE

Another well-documented psychological pattern is that of the "slippery slope." It has been shown that if one small infraction occurs, people find it easier to commit more serious infractions. A pattern of diminished self-regulation can grow incrementally into more serious infractions with a negative impact.<sup>13</sup> Personal moral compasses vacillate away from true north, and it becomes more acceptable to slide down a slope to greater transgressions.

## AVOIDING THE SLIPPERY SLOPE

Small infractions in ethical behavior need to be taken seriously. They need to be addressed so there is no further sliding down the ethical slope. Recognize that promoting a "whatever it takes" culture around productivity can result in unethical risk taking.<sup>13</sup>

According to Professors Max H. Bazerman and Ann E. Tenbrunsel of Harvard University, "Leaders setting goals should take the perspective of those whose behavior they are trying to influence and think through their potential responses. This will help head off unintended consequences and prevent employees from overlooking alternative goals, such as honest reporting."<sup>14</sup>

Overlooking unethical behavior is not

acceptable, even when the outcomes are good. Too often, organizations focus on the outcome, overlooking the process. If the outcome is good, assessment of others' actions can be more positive, overlooking unethical choices. The more pertinent question in determining intent is the process that was used to make the decision.<sup>15</sup> What led to the decision and how was it reached? Was it reached ethically?

## UNCONSCIOUS MOTIVATIONS

Much thinking is not processed consciously. Scott Killingsworth, a leader in corporate crime identification, says, "For the most part, human behavior is driven by contextual cues and below the level of consciousness motivations that we need to be aware of." Values, beliefs, and culture of an organization also have a bearing on choices that are made. No one is immune from making mistakes, and even good people can make poor and unethical choices. As Warren Buffett said, "Culture, more than rule books determines how an organization behaves."<sup>16</sup> The environment of a dental office is important in creating a healthy workplace culture, one that promotes ethical choices.

Research reveals that people are more likely to overlook misbehavior the closer they are to the offender. They may deny or even emulate the behavior and are genuinely surprised when transgressions are uncovered. They wonder how they could have missed the wrongdoing.<sup>15</sup> According to Killingsworth, "It was ignored because they didn't want to see the wrongdoing and it was below the plane of conscious thought."<sup>16</sup>

## PUBLIC TRUST LEVELS TOWARD DENTISTS

Society holds high trust for the dental profession, affording dentists particular privileges.<sup>17</sup> Maintaining trust requires dentists to act in an ethical manner in dealing with the general public. Although the general public's view on the honesty of the dental profession fluctuates, it can be seen from the table below that the trust level of the public has dropped by 3 percentage points since 2012. Trust is eroded in many ways, with some examples being: the perception of the delivery of unnecessary treatment; billing for nondelivered treatment; insurance

scams; the upselling of dentistry; "creative" diagnosis; lack of transparency; and harassment or nonprofessional behavior of both the staff and doctors.

To view all of the tables in "Honesty/ethics in professions," visit the Gallup poll website cited in reference number 17.<sup>17</sup>

The positive perception that the public holds toward the dental profession falls behind nurses, pharmacists, medical doctors, and engineers. Although this too fluctuates, nurses have held the esteemed position of highest trust for 15 years, and health-care workers tend to be the most respected among all professionals.

Americans were asked to rate the honesty and ethical standards of people in different professions as very high, high, average, low, or very low. The results of the survey, "Americans' rate healthcare providers high on honesty and ethics," reveal that nurses receive the highest ranking at 84%, followed by pharmacists at 67%, medical doctors at 65%, and engineers at 65%. Dentists ranked fifth with a high ranking of 59%, a low ranking of 7%, and an average ranking of 34%.<sup>18</sup>

Negative media coverage of singular unethical transgressions has an influence on the public's perception of the trustworthiness of dentists. Disgruntled patients, who may feel they were not given the complete picture, often uncover wrongdoings. Transparency is key to ethical behavior and is often eroded by lack of clarity.

## REPORTING HARM TO THE PUBLIC

The Johns Hopkins School of Medicine suggests that an astounding 10% of deaths are due to medical error.<sup>19</sup> However, there is no compiled report on dental-related deaths. One state that does report on dental-related deaths is Texas, reporting 85 deaths since 2010. Based on this number, it can be extrapolated that roughly 1,000 deaths have been dentally related in the US since 2010.<sup>20</sup>

"There is currently little to no understanding about type or frequency of patient safety issues in dentistry," wrote Muhammad Walji, a professor at the University of Texas Dental School in Houston. Dr. Walji is spearheading an initiative to record dental harm. Based on the decades-old medical profession's model, its goal is to analyze cause and prevention of dental harm.<sup>21</sup> With the role

of the dental profession to serve the public first, this analysis should help to elevate the public's view that the profession is striving for transparency to meet their needs. The ADA recognizes that change is ongoing and continuously reviews its code as the dental profession and the public partake in discussions to uncover the public's needs.

As seen in the graphs, the public has trust for the dental profession. This trust, however, is eroded when transparency is not present. Trust for the profession is eroded when data about dental harm is not made available to the public. According to an Institute of Medicine (IOM) report, there are "significantly more breaches than previously thought with transgressions ranging from improper diagnosis and care along with medical errors."<sup>28</sup>

Increased ethics education could help reduce these breaches, and the most significant interventions are revealed in Scandinavian countries, where a different structure to liability insurance is in place. In countries such as Norway, Sweden, and Denmark, a no-blame model of insurance is adhered to, leading to more transparency. Such models, however, require ethics education to gain efficiency and increased health benefits.<sup>21</sup>

Liability insurance that fits a no-blame model is not available in North America. Yet, dentistry would benefit in raising the profile of the profession through increased transparency of harm done within the profession. Today, more than ever, negative media coverage can escalate mistrust among the public. Transparency and accountability to ethical standards would go a long way in maintaining and building trust. Although the IOM report was primarily geared toward patients, organizational factors are present as well. With ethics education, problems could be reduced within organizations.

## DECISIONS—HELPING ACHIEVE HIGH ETHICAL STANDARDS

Dental professionals are often presented with difficult decisions. These decisions may be simple or quite complex, ranging from the Golden Rule to philosophical debates about what constitutes ethical principles. Although ethical misbehavior may not be illegal, governing bodies may choose to discipline a member in ways that range from formal statements of reprimand

to the loss of the clinician’s license to practice.<sup>2</sup> Guidelines to ethical decision-making help to illuminate good decisions, which involve both judging and choosing. One has to judge if the behavior is in alignment with professional (and personal) ethics and values, and then choose to act according to the ethical standard.

Thoughtfully determining objectives when making decisions is an important factor in achieving ethical decisions. Two questions to ask are: 1) What do you hope to accomplish? and 2) Who can it hurt? The ability to talk with those affected by your decision reveals intent. If a person is not open and is unwilling to speak of the action with the affected person, it might be the wrong ethical decision. Is the person keeping silent because he or she wants it to remain a secret?

There are many models that are examples to follow in making ethical decisions. One such model, the 12-question model, asks people to reframe their perspective on ethical decisions.<sup>22</sup> It will aid in looking at ethical choices from all angles. The model consists of the following questions that can be asked to offer direction to good choices.

Decisions are often multifaceted with contributions from many sources that help reveal options. Inevitably, there will be compromise of some principles, but staying the course to true north will enable better moral choices. Ethical decision-making requires imagination and creativity to discover and develop alternatives when a conflict presents itself.<sup>4</sup> There is a lot going on in the human psyche below the plane of conscious thought, which influences our behavior. Awareness of the complexity of human processing is helpful in understanding how decisions are made.

**CONCLUSION**

The delivery of dental services is both a science and an art. Dentistry is clearly a science with much empirical evidence backing its claims, but the human factor makes it an art too. How well is the care being delivered? Dental organizations are made up of people who work in them. How health is delivered (its process) is at the very core of dental care. Realistically, society will never see dentistry (or any profession) 100% breach free, but

ETHICAL DECISION-MAKING
<b>12-question model</b>
1. Have you defined the problem accurately?
2. How would you define the problem if you stood on the other side of the fence?
3. How did this situation occur in the first place?
4. To whom and what do you give your loyalties as a person and a member of the organization?
5. What is your intention in making this decision?
6. How does this intention compare with the likely results?
7. Whom could your decision or action injure?
8. Can you engage the affected parties in a discussion of the problem before the decision?
9. Are you confident that your position will be as valid over the long period of time as it seems now?
10. Could you disclose without qualms your decision or action to your boss, family, or society?
11. What is the symbolic potential of your action if understood? If misunderstood?
12. Under what conditions would you make exceptions to your stand?

Laura Nash— Business Roundtable for Corporate Ethics<sup>22</sup>

ethical training in health-care operations can significantly reduce problems.

Even those with high levels of integrity can break the rules. Gaining insight about why and under what conditions bad ethical decisions are made by good people will help protect both patients and dental organizations. Raising awareness by developing knowledge about how context affects decisions will have the result of better judgment. Even mindless daily routines and decisions can promote transgressions. Discussions of

what is and isn’t ethical behavior will help dental offices define ethics. In addition, this dissection of ethics will help unite the team as it aims for true north. Few people understand how their own cognitive biases influence decisions. Leaders themselves are often blind in how their own incentive systems can promote unethical behavior. Open discussions within the office setting will enlighten everyone on the team. Only by understanding these influences can leaders create the ethical organizations they aspire to run.

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## QUESTIONS

### 1. Which statement is correct?

- A. Ethics is derived from Latin, meaning rules.
- B. Ethics is derived from Greek, meaning character or conduct.
- C. Ethics is derived from English, meaning integrity.
- D. Ethics is derived from French, meaning punishment.

### 2. True North, as stated by Bill George, PhD, refers to . . .

- A. Using a compass to stay on route while travelling.
- B. Being accurate in direction.
- C. A guideline for orienting behavior.
- D. A judgement of what is right or wrong.

### 3. Which behaviors would be considered unethical?

- A. A scheduling secretary giving high-end cases to a favored doctor, even when it's diagnosed by another doctor.
- B. A hygienist billing a patient for more time than she spent with the patient.
- C. A doctor withholding information on possible treatment plans from a patient.
- D. All of the above

### 4. Which does not fall within the guidelines of respect for other's rights, serving the public, confidentiality, doing no harm, truthfulness, and fairness?

- A. Benevolence (kindness, goodwill).
- B. Verbalizing your concerns of a diagnosis made by a doctor to that doctor.
- C. Telling other team members private information about another team member.
- D. Telling the truth.

### 5. Ethics applies to whom within a dental office?

- A. The doctor/owner
- B. Management
- C. The staff
- D. All of the above

### 6. What is meant by "vicarious liability"?

- A. Because of their professional authority, dentists are ultimately responsible for employees' behaviors.
- B. Each staff member is responsible for his or her patients.
- C. Staff is ultimately responsible to carry out the doctor's orders.
- D. Each department is responsible for others in that department.

### 7. Which statement is not true about ethics?

- A. Ethics has no bearing on society.
- B. Ethics is only personal.
- C. Ethical decision-making has no framework.
- D. All of the above.

### 8. Which is the correct statement?

- A. Everyone holds the same ethical code.
- B. Leaders are in a position of influence.
- C. All people make good decisions.
- D. People cannot manage their own behavior.

### 9. Ethical codes seek to answer which two fundamental questions?

- A. What should we do? Why should we do it?
- B. What rules do we follow? Who are we responsible for?
- C. When do ethics apply? Can we follow our own ideas about ethics?
- D. Who do ethics apply to? How do they apply?

### 10. Which statement is true?

- A. Ethics has nothing to do with the law.
- B. Ethics and the law are similar but differ.
- C. Intent has nothing to do with ethics.
- D. Ethical requirements never exceed legal regulation.

### 11. What is motivated blindness?

- A. Intentionally looking at the sun for long periods of time without protection.
- B. Recognizing facts about situations but doing nothing.
- C. Not recognizing the facts because it is inconvenient for you.
- D. Recognizing facts about situations and correcting them.

### 12. Which of the following is an example of motivated blindness?

- A. A doctor showing favoritism with some staff.
- B. In a commission-based office, the booking secretary booking patients with one hygienist over another.
- C. Excluding a staff member from an office event.
- D. Taking an ink cartridge home for personal use.

### 13. What best describes the "slippery slope"?

- A. A small infraction leading to a chain of larger infractions and resulting in negative events.
- B. A small infraction resulting in a negative event.
- C. A large infraction leading to negative events.
- D. A large infraction that breaks the law.

### 14. What are practices that leaders could use to avoid the slippery slope?

- A. Have clear goals laid out for staff.
- B. Never reward unethical behavior.
- C. Offer ethical training.
- D. All of the above.

### 15. Rewarding unethical behavior that has good outcomes . . .

- A. Only makes sense.
- B. Is unlawful.
- C. Is a disaster in the long run.
- D. Never happens.

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## QUESTIONS

### 16. Codes of ethics are present in which dentistry associations?

- A. ADA
- B. ADHA
- C. ADAA
- D. All of the above

### 17. Which of the following statements is false?

- A. For the most part, human behavior is below conscious motivations.
- B. Those close to a perpetrator never overlook unethical behavior.
- C. Human behavior is driven by contextual cues and influenced by group identification and values.
- D. Even good people make mistakes.

### 18. What behaviors might cause society to lose trust in the dental profession?

- A. Billing for nondelivered treatment.
- B. Unprofessional behavior.
- C. Lack of transparency.
- D. All of the above.

### 19. Which statement is true?

- A. Dentists are ranked lower than the top 15 professions for honest and ethical behavior.
- B. Dentists are ranked within the top five professions for honest and ethical behavior.
- C. Dentists have ranked higher every year in the public's view of honest and ethical behavior in the Gallup poll.
- D. Negative media perception has no bearing on society's view of the dental profession.

### 20. A report on deaths as a result of dentistry would . . .

- A. Build transparency and trust with the general public.
- B. Be in keeping with the medical profession's report on medical errors.
- C. Help reduce breaches and dental errors.
- D. All of the above.

### 21. Which of the following statements is false?

- A. Ethical behavior has nothing to do with intention.
- B. Not wanting to tell another person what you have done is a sign that your behavior could be unethical.
- C. Even generally mindful people can make unethical errors.
- D. Asking yourself, "Who can be hurt because of my behavior?" is a strategy for ethical behavior.

### 22. Which of the following answers is false? The decision-making module in this course . . .

- A. Is one of many decision-making modules.
- B. Considers looking at the decision from the other side of the fence.
- C. Promotes self-reflection.
- D. None of the above.

### 23. Which of the following statements is true?

- A. Humans are often unaware of their behavior.
- B. Decision-making tools help people make ethical choices.
- C. Ethical decisions are always black or white.
- D. All of the above.

### 24. Which statement is false? The delivery of ethical care in health care is . . .

- A. Both a science and an art.
- B. Promoted with training.
- C. 100% stopped with ethical training.
- D. Only representative of the individuals who work in them.

### 25. What practical behaviors can be implemented in offices to reduce unethical behavior?

- A. Understand the dangers of routines.
- B. Understand context and how it affects ethical behavior.
- C. Be mindful of decisions and offer training.
- D. All of the above.

### 26. The moral profile of people who demonstrate unethical behavior is . . .

- A. They can have high moral standards but may fall short on occasion.
- B. They are people with no moral standards.
- C. They have the highest moral standards.
- D. They make a habit of behaving in an unethical manner.

### 27. Justifying behavior that proves to be unethical is an example of . . .

- A. Motivated blindness.
- B. Supporting a coworker or boss.
- C. Being naïve.
- D. Not caring.

### 28. Certain privileges are held for dentists within society because . . .

- A. Dentists are smarter than other people.
- B. Society holds trust for the dental profession.
- C. Society has no choice.
- D. Dentists make more money than most people.

### 29. A no-blame model for dentist insurance . . .

- A. Is available in North America.
- B. Has been shown to have no effect on public trust.
- C. Could promote greater transparency in dentistry.
- D. None of the above.

### 30. Which statement is true?

- A. Ethical breaches are rare in dentistry.
- B. There are significantly more ethical breaches than previously thought.
- C. There are significantly fewer ethical breaches than previously thought.
- D. Ethics training has no benefits for dental offices.

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# Ethics within the dental community

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_

Lic. Renewal Date: \_\_\_\_\_ AGD Member ID: \_\_\_\_\_

Requirements for successful completion of the course and to obtain dental continuing education credits: 1) Read the entire course. 2) Complete all information above. 3) Complete answer sheets in either pen or pencil. 4) Mark only one answer for each question. 5) A score of 70% on this test will earn you 3 CE credits. 6) Complete the Course Evaluation below. 7) Make check payable to PennWell Corp. **For Questions Call 800-633-1681**

## EDUCATIONAL OBJECTIVES

1. Identify what ethics is and why it is important
2. Link ethical code similarities in all of dentistry's associations
3. Assess risks of motivated blindness
4. Describe society's view of ethics in dentistry
5. Apply a decision-making tool to help align with true north

## COURSE EVALUATION

1. Were the individual course objectives met?

Objective #1: Yes No Objective #2: Yes No

Objective #3: Yes No Objective #4: Yes No

Please evaluate this course by responding to the following statements, using a scale of Excellent = 5 to Poor = 0.

- |   |       |   |   |   |     |    |
|---|-------|---|---|---|-----|----|
| 2. To what extent were the course objectives accomplished overall?                            | 5     | 4 | 3 | 2 | 1   | 0  |
| 3. Please rate your personal mastery of the course objectives.                                | 5     | 4 | 3 | 2 | 1   | 0  |
| 4. How would you rate the objectives and educational methods?                                 | 5     | 4 | 3 | 2 | 1   | 0  |
| 5. How do you rate the author's grasp of the topic?   | 5     | 4 | 3 | 2 | 1   | 0  |
| 6. Please rate the instructor's effectiveness.  | 5     | 4 | 3 | 2 | 1   | 0  |
| 7. Was the overall administration of the course effective?                                    | 5     | 4 | 3 | 2 | 1   | 0  |
| 8. Please rate the usefulness and clinical applicability of this course.                      | 5     | 4 | 3 | 2 | 1   | 0  |
| 9. Please rate the usefulness of the supplemental bibliography.                               | 5     | 4 | 3 | 2 | 1   | 0  |
| 10. Do you feel that the references were adequate?  |       |   |   |   | Yes | No |
| 11. Would you participate in a similar program on a different topic?                          |       |   |   |   | Yes | No |
| 12. If any of the continuing education questions were unclear or ambiguous, please list them. | _____ |   |   |   |     |    |
| 13. Was there any subject matter you found confusing? Please describe.                        | _____ |   |   |   |     |    |
| 14. How long did it take you to complete this course?   | _____ |   |   |   |     |    |
| 15. What additional continuing dental education topics would you like to see?                 | _____ |   |   |   |     |    |

If not taking online, mail completed answer sheet to

**PennWell Corp.**

Attn: Dental Division,  
1421 S. Sheridan Rd., Tulsa, OK, 74112  
or fax to: 918-212-9037

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- |                     |                     |
|---------------------|---------------------|
| 1. (A) (B) (C) (D)  | 16. (A) (B) (C) (D) |
| 2. (A) (B) (C) (D)  | 17. (A) (B) (C) (D) |
| 3. (A) (B) (C) (D)  | 18. (A) (B) (C) (D) |
| 4. (A) (B) (C) (D)  | 19. (A) (B) (C) (D) |
| 5. (A) (B) (C) (D)  | 20. (A) (B) (C) (D) |
| 6. (A) (B) (C) (D)  | 21. (A) (B) (C) (D) |
| 7. (A) (B) (C) (D)  | 22. (A) (B) (C) (D) |
| 8. (A) (B) (C) (D)  | 23. (A) (B) (C) (D) |
| 9. (A) (B) (C) (D)  | 24. (A) (B) (C) (D) |
| 10. (A) (B) (C) (D) | 25. (A) (B) (C) (D) |
| 11. (A) (B) (C) (D) | 26. (A) (B) (C) (D) |
| 12. (A) (B) (C) (D) | 27. (A) (B) (C) (D) |
| 13. (A) (B) (C) (D) | 28. (A) (B) (C) (D) |
| 14. (A) (B) (C) (D) | 29. (A) (B) (C) (D) |
| 15. (A) (B) (C) (D) | 30. (A) (B) (C) (D) |

AGD code: 555

## PLEASE PHOTOCOPY ANSWER SHEET FOR ADDITIONAL PARTICIPANTS.

### COURSE EVALUATION and PARTICIPANT FEEDBACK

We encourage participant feedback pertaining to all courses. Please be sure to complete the survey included with the course. Please e-mail all questions to: [lauraw@penwell.com](mailto:lauraw@penwell.com).

### INSTRUCTIONS

All questions should have only one answer. Grading of this examination is done manually. Participants will receive confirmation of passing by receipt of a verification form. Verification of Participation forms will be mailed within two weeks after taking an examination.

### COURSE CREDITS/COST

All participants scoring at least 70% on the examination will receive a verification form verifying 3 CE credits. The formal continuing education program of this sponsor is accepted by the AGD for Fellowship/Mastership credit. Please contact PennWell for current term of acceptance. Participants are urged to contact their state dental boards for continuing education requirements. PennWell is a California Provider. The California Provider number is 4527. The cost for courses ranges from \$20.00 to \$110.00.

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